

9. Abdomen: Inguinal region: *Note any tenderness, masses, scars, or hernias* _____
10. Physical evidence of presence of drugs or alcohol _____
11. Musculoskeletal System: Posture _____; Spinal curvature _____; Describe any spinal tenderness, deformity, or limitation of motion, if any _____
12. Lymphatic System: *Examine crvical, maxillary, supraclavicular, axillary, epitrochlear, and inguinal node groups for adenopathy* _____
13. Recommendations (if any) for further specialized examination and/or consultation: _____

I hereby certify that I have examined the above boxer at _____ a.m.
_____ p.m.
Have _____
on this _____ date of _____, 20_____, and that I have not _____ approved
him for boxing.

(Signature of Physician)

(State and License Number)

(Office Address)

(Office Telephone)